MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008275
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2037

FILED MAR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Item	Stub
1	
2	2057
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90

DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

Queried: Infantile

OK Helen L. Taylor Jones 2-26-63

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY:
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis
Length of stay in 1b: 4 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6043 Clemens
Inside Limits: Yes [x] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location): 6043 Clemens
Reside on Farm: Yes [ ] No [x]

3. NAME OF DECEASED (Type or print): First: DON Middle: DELBERT Last: AVERILL

4. DATE OF DEATH: Month, Day, Year: Feb. 23, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [x] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 2-5-59

9. AGE (last birthday): 4
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St. Louis, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Don Averill

13b. MOTHER'S MAIDEN NAME: Lois Bailey

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No -----

16. SOCIAL SECURITY NO.:

17. INFORMANT (Address): Don Averill, 6043 Clemens, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Palsy — Interval between onset and death: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
351 X
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-23-63, to 2-23-63 and last saw him alive on 2-23-63
Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clyde B. Kane M.D.

22b. ADDRESS: 706 Walton

22c. DATE SIGNED: 2-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-25-63

23c. NAME OF CEMETERY OR CREMATORY: Portageville

23d. LOCATION (City, town, or county) (State): Portageville, Mo.

24. FUNERAL DIRECTOR / ADDRESS: DeLisle Funeral Home, Portageville Mo.

25. DATE RECD. BY LOCAL REG.: FEB 25 1963

26. REGISTRAR'S SIGNATURE: Lloyd Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Glenn L. Kohler
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.